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CONFIRMATION NO. 2173

<b>SERIAL NUMBER</b> 10/683,799	<b>FILING OR 371(c) DATE</b> 10/10/2003 <b>RULE</b>	<b>CLASS</b> 451	<b>GROUP ART UNIT</b> 3723	<b>ATTORNEY DOCKET NO.</b> FRIEL-79CIP
<b>APPLICANTS</b> Daniel D. Friel SR., Greenville, DE;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/023,190 12/18/2001 PAT 6,726,551 which claims benefit of 60/260,980 01/11/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 01/13/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> DE	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 21
				<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> Connolly Bove Lodge & Hutz LLP P.O. Box 2207 Wilmington ,DE 19899-2207				
<b>TITLE</b> MANUAL KNIFE SHARPENER WITH ANGLE CONTROL				
<b>FILING FEE RECEIVED</b> 1518	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	